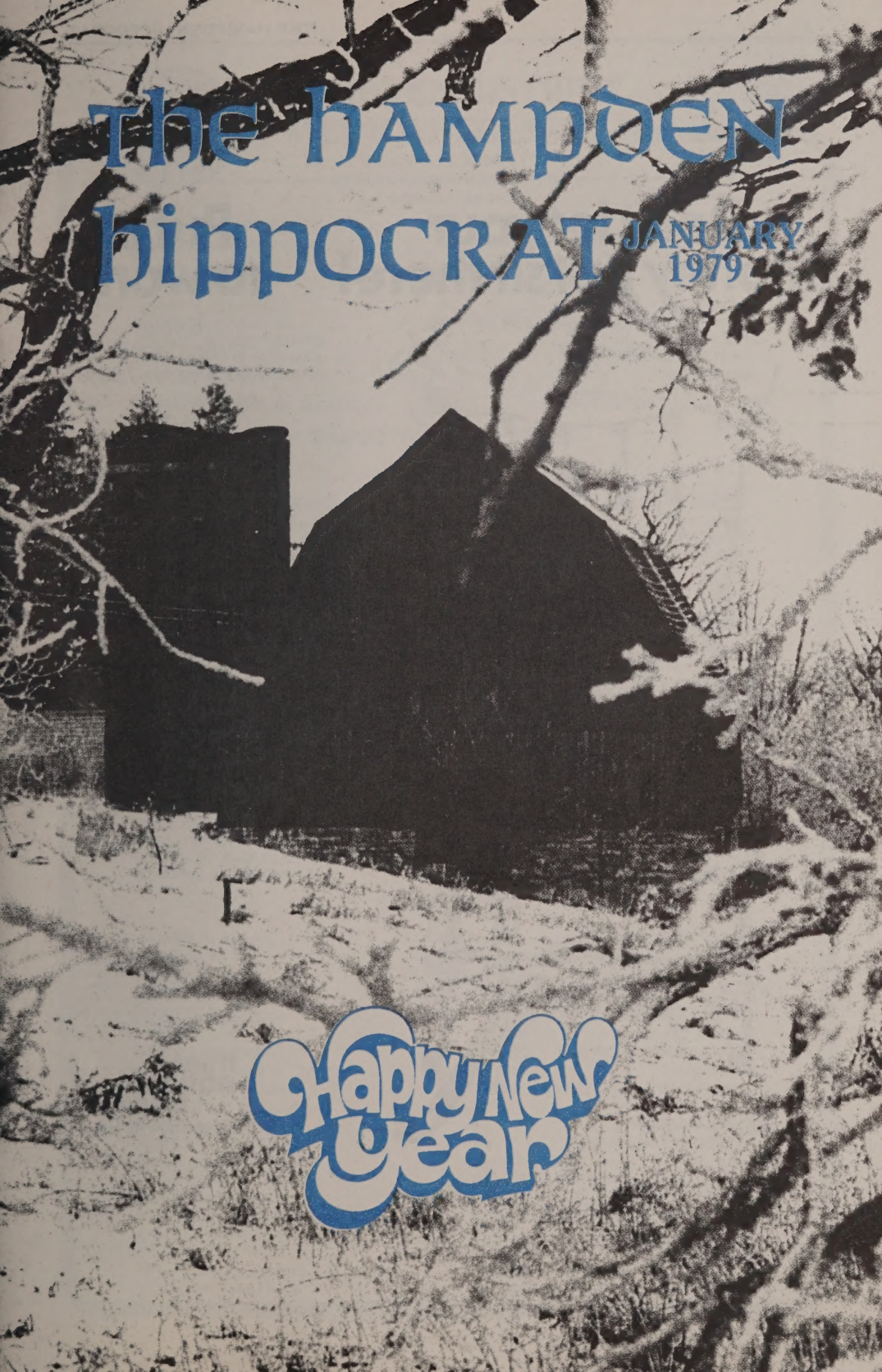
The Hampden Hippocrat

JANUARY 1979



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DISTRICT MEETING
of the
HAMDEN DISTRICT MEDICAL SOCIETY

PLACE:	Marriott Hotel
DATE:	Tuesday, February, 6, 1979
BUSINESS MEETING:	6:00 P.M.
SOCIAL HOUR:	7:00 P.M.
DINNER	7:30 P.M.
SPEAKER:	CAPTAIN ROBERT MEFFEN Crime Prevention Springfield Police Department
TOPIC:	"Drug Problems"

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JANUARY 1979 VOL.XXXV-NO 1

The official bulletin
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William A. R. Chapin, M.D.

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CONTENTS

DISTRICT MEETING..... 4

PRESIDENT'S PAGE..... 6

MINUTES OF DISTRICT MEETING..... 8

MINUTES OF EXECUTIVE MEETING..... 11

COST CONSCIOUSNESS AND
COST CONTAINMENT..... 14

WELCOME NEW MEMBERS..... 16

OPTIONS FOR HEALTH CARE DOLLARS... 20

A.M.A. MEETING HIGHLIGHTS..... 24

UNITED WAY FINALE:
ARE YOU A STATISTIC?..... 26

IN MEMORIAM..... 27

TO: NON-MEMBERS OF THE A.M.A..... 28

AUXILIARY NEWS..... 29

THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.
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PRESIDENT'S PAGE

"PREDICTIONS"

As we enter the new year, instead of making resolutions which I won't keep. I'll try my hand at prognostication.
To Wit:

1. There will be no National Health Insurance enacted in 1979. President Carter has seen the light. He knows that with the inflationary fiscal problems which beset the country, he cannot, in spite of his campaign promises, bite the apple of N.H.I. Our resident - perhaps I should say - non-resident presidential candidate, Mr. Kennedy, still waves the flag for N.H.I. but as Dr. Hoyt Gardner pointed out at the recent district meeting, he is now tilting at a somewhat different windmill, in that he now looks to private industry to underwrite his medical mono lith - an idea which may not find great popularity among the people who pull most of the strings in this country. At any rate, Mr. Kennedy has to hold his health plan on the back burner until his presidential push in 1980.

2. The suit with Blue Shield will not be finally adjudicated in 1979. The labyrinthine and serpentine paths to justice will continue to take their time and when a decision is finally reached, the losing side will most certainly appeal and appeal and appeal. While it appears clear that the doctors have right on their side, it is very difficult to visualize any non-physician endorsing a plan or settlement which would put more money in the doctor's pockets. It appears to me that the way to get some action from Blue Shield in this issue would be for mass resignations to occur. Blue Shield might be in a more negotiable mood if their contracts did not cover services from 50 to 75% of the physicians in the state.

3. There will be further inroads on physician autonomy. This is necessary in our complex medical world. We will be surrounded by ever increasing members of paramedical specialists and experts, by social

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workers, planners of every description, government inspectors and overseers. Certainly many of these individuals will be valuable members of the health care team but some are undoubtedly "wheel spinners" and "empire builders." It is incumbent on the medical profession to remain at the heart of the health delivery system and to separate among those who would work with us, "the useful from the ornamental."

4. The malpractice problem will abate somewhat and perhaps come into a more appropriate perspective. This can be attributed, in a large measure, to physician initiative in facing up to the problem by contesting suits which have no merit, by countersuing when appropriate and by forming physician malpractice insurance companies which, to the amazement of all non-physician insurers, appear to be quite successful. As unscrupulous plaintiffs and lawyers realize that they are not going to have a free ride at the expense of physicians, the malpractice situation hopefully will come into proper focus.

5. The medical societies at all levels, district, state and national will continue to struggle with the problem of physician apathy. This apathy is not born of a lack of interest on the part of the doctor but rather it is a question of priorities. Medicine is a difficult art - requiring enormous amounts of time to achieve the standard of excellence which we as physicians demand of ourselves. There are family committments which certainly require our attention. There are committments to hospitals, specialty society, the community, etc. In spite of this, as physicians we should certainly budget a little time to get involved. This is particularly important for the younger members of the medical fraternity who are going to have to put up during their professional careers with decisions which are now being made. On behalf of society involvement, I can only say - "Try it, you'll like it." □

JOHN J. FLAHIVE, M.D.

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DISTRICT MEETING
November 21, 1978

The second District Meeting of the Hampden District Medical Society was held on Tuesday, November 21, 1978 at the Marriott Hotel in Springfield.

There were 128 reservations and 114 attended.

Dr. Flahive called the business meeting to order at 6:15 P.M.

The minutes of the September 26, 1978 District meeting were read and accepted by the membership.

Dr. Flahive asked Dr. Lorne Smith, Chairman of the Members' Insurance to give a report. Dr. Smith stated that it is unlikely that any health insurance is forthcoming at a lower premium. The state committee had a consultant hired to look into other insurance programs and this was completely reported in the Circular of Advanced Information for Councilors. No other insurance company is interested in writing insurance at this time for Hampden District Medical Society members. There is no difference between the Western part of the state and the Boston area. Disability insurance by the Lester Burdick Company plans to raise the limit to 600 - 700 per week. The state Members' Insurance committee will continue to look for alternate plans for the future. Dr. Flahive extended thanks to Dr. Smith for such an excellent report.

Dr. Flahive discussed the questionnaire from the Blue Ribbon Commission on Public Health Services that was sent to him on behalf of the Hampden District Medical Society. Dr. Flahive read several of the questions which greatly concerned him about health care in Springfield. Dr. Sheffield, a member of the Commission representing the Hampden District Medical Society spoke explaining some questions. He stated that a public hearing will be held in the near future and physicians are advised to attend these hearings and speak. Dr. Ayres made a motion to appoint an Ad Hoc Committee to monitor these commission meetings and study the outcome. The motion was carried by the membership.

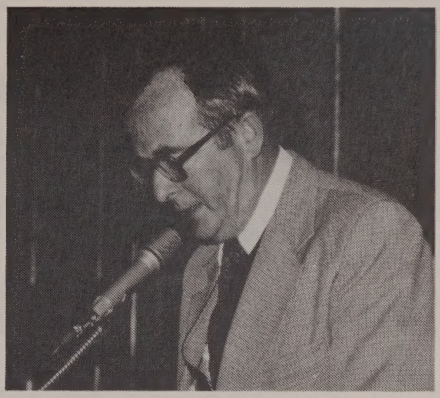
Dr. Flahive will appoint this committee and answer the questionnaire to the commission.

Dr. Flahive expressed his concern about the fact that no physicians from Hampden are on the Board of the Western Massachusetts Health Planning Council. A resolution will be sent to the Western Massachusetts Health Planning Council asking again for representation.

Dr. Flahive expressed his concern about the fact that Countway Library was inaccessible to members. Dr. Stoler made a motion to have the Council of the Massachusetts Medical Society arrange an agreement with the Library for more cooperation between the library and physician members in the western part of Massachusetts.

Dr. Flahive asked if there was any other business. Dr. Verrilli offered two resolutions pertaining to the Health Maintenance Organization being sponsored by Blue Cross.

These resolutions will be presented to the Executive Committee for clarification and rewriting and will be printed in the Hampden Hippocrat in the future.



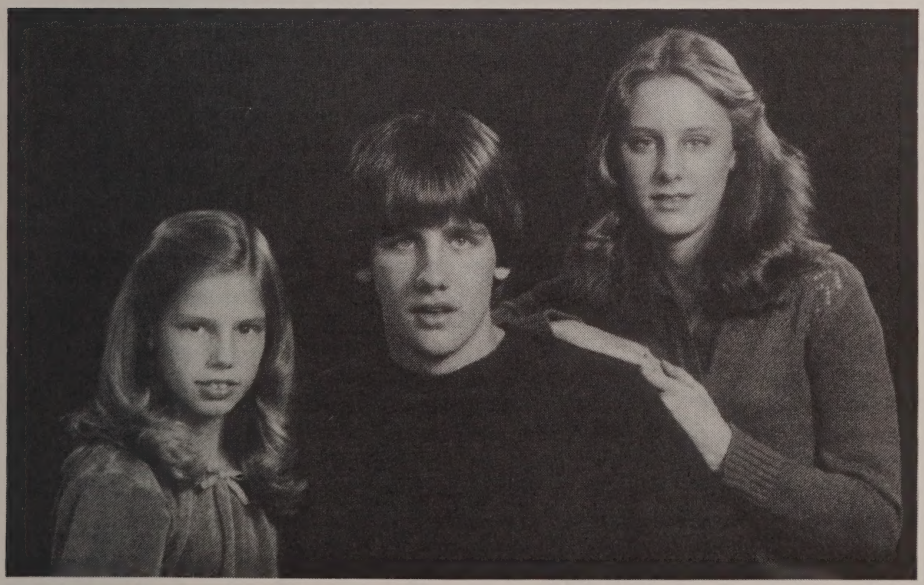
The business meeting was adjourned at 7:20 P.M.

A short social hour followed and dinner was served.

After an enjoyable dinner Dr. Flahive introduced Dr. Hoyt D. Gardner, President Elect of the American Medical Association. Dr. Gardner's topic was "Your Organization and the American Medical Association".

Dr. Gardner had some excellent statistics about the American Medical Association and encouraged physicians to join the American Medical Association.

The meeting was adjourned at 9:50 P.M. □



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EXECUTIVE MEETING
December 19, 1978

The Executive Committee of HDMS met on Tuesday, December 19, 1978 in the Conference Room.

Present were Drs. Flahive, Walthall, Remsberg, Bloom, Dasco, Stoddard, Navazio and Mrs. Purdy.

Correspondence

A letter from Mrs. Alberti of Wilbraham asking for an opinion on Nutrition in the schools was read. The committee recommended that this be referred to the Public Health Committee.

A letter from the Business Fund for the Arts, signed by Mr. James Shea and Mr. James Martin was read to the committee. This was a plea for contributions. The committee decided to mail their brochure out to the membership with the next newsletter.

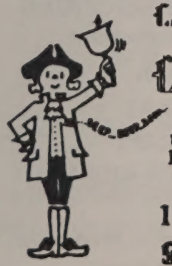
AAMSE wrote asking for a contribution for their Educational Fund for 1979. Upon motion duly made and seconded it was voted to again send AAMSE $50.00 for this fund.

Dr. Slachta, Chairman of the Professional Education Committee of the Springfield Unit of the Cancer Society asked for HDMS to consider co-sponsoring a program to be held on March 21, 1979 on the Current Concepts of Management of Advanced Malignancies. The Committee voted to give space in the HH and the newsletter about this program but there are no funds available to aid this seminar.

Old Business

The telephone listing in the yellow pages of the phone book for the ad presented by the Ad Hoc Committee on Telephone Listing was discussed. A display ad will be printed in the yellow pages close to the Physicians & Surgeons Listing. Art work for the insignia of HDMS will be done for free. The committee voted to have this arrangement for one year period. The ad will read "The Hampden District Medical Society will provide additional information regarding physicians' services. Please call: 736-0661"

Two letters from physicians on committees and the board of the WMHPC were read. One from Dr. Warren Fisher advising the local



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physicians to get on committees and work and stating that he will be glad to keep Hampden informed. Dr. Stoler wrote also at great length about the meetings of the Board Development Committee. The committee voted to invite Dr. Stoler to the January 16th meeting. Dr. Siragusa who is on the Southern Valley Advisory Board phoned to say if anything unusual happens he will keep the committee informed.

Notices of public hearings have been mailed out both on the local level and the state level of the Western Massachusetts HSA's. This will be placed in the HH and the Newsletter.

Dr. Lovell answered the committee's request to review Dr. Hartley's program of cardiac rehabilitation by stating that the cardiologists in Springfield feel that they are doing this rehabilitation through the local Y.M.C.A. and other projects. Dr. Hartley's letter will be answered with thanks.

Mr. Lupien, the Director of the Boy Scouts acknowledged the letter sent to him about an award from the AMA for an Explorer Scout. They will suggest names to be considered if there are any available.

Dr. Flahive reported about the Public Hearing by the Blue Ribbon Commission on Public Health Services held recently under the direction of the Chairman, Joseph Roche of the WMHPC. No specific criticisms of the PH services were made when Dr. Flahive attended. Some physicians have not cooperated with giving immunization records to the schools as requested from the Commonwealth of Massachusetts.

The resolutions given by Dr. Verrilli at the District meeting were read again to the committee. The committee approved of the ideas but suggested that these be returned to Dr. Verrilli to place in proper form before sending them to the MMS.

Dr. Flahive had talked with Rufus Lawrence of the State Rehabilitation Commission about his recent letter asking for physicians for physicial examinations. Neuro-surgeons, Ophthalmologists, Orthopedic Surgeons and Internists are particularly wanted. They will pay $30.00 at this time but hope that the fee will be raised shortly. Mr. Lawrence is supposed to send Dr. Flahive further information about this program and until that time this report is considered informational.

New Business

Dr. Remsberg reported that only two members are deficient in dues for 1978. MMS has requested that all physicians pay dues January 1st. HDMS dues bills do not go out until May 1st. For the present it was voted to keep this procedure.

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Residual money from the St. Maarten trip will be kept for further continuing education. The committee voted to maintain this money for this purpose.

Dr. Bloom, Public Relations Chairman, reported on the Tel-Med tapes which were withheld by Mayor DiMauro. The committee discussed this situation but voted to take no action at this time.

Dr. Bloom suggested that a joint meeting of physicians and nurses be held in the future to direct them toward "better patient care" and better physician nurse relationship. He referred to an article in the Journal of Nursing in January on "The Assertive Nurse", An Ad Hoc Committee will be appointed by Dr. Flahive with Dr. Bloom as Chairman to further study this possibility.

A Public Relations Form sent by MMS to HDMS was reviewed by the committtee. It will be filled in and returned to Dr. Rowell.

Since a speaker is needed for the February meeting, Dr. Flahive suggested that Captain Meffen of Crime Prevention be asked through Chief Fenton to speak. The committee agreed and an invitation will be issued. Another suggestion is to contact an attorney from the AMA to speak at the Annual Meeting and inform the membership about FTC, IRS, etc. An invitation will be issued for this meeting also.

The National Leadership Meeting of the AMA will be held in February and Dr. Navazio and Mrs. Purdy will attend.

Mrs. Purdy gave the office report. She has talked with Dr. Sammons, Executive Vice President and there is a good possibility that he will attend a membership meeting during 1979 sometime, date to be determined. His visit will coincide with a meeting of one of the service clubs so he can talk to business men of the area. She also gave a report of the many problems facing the AMA, such as the Chiropractic suit, the NHI, the FTC suits, etc. Mrs. Purdy is a member of the Board of Directors of AAMSE and also a member of the committee that has worked on "Principles for Executive Excellence" which will be adopted by AAMSE at their Annual Meeting in June of 1979.

There being no further business the meeting was adjourned at 9:30 P.M. □

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COST CONSCIOUSNESS AND COST CONTAINMENT

The subject of cost containment in these days of rampant inflation has become very popular indeed and hospital costs are most popular of all. About a year ago the National Commission on the Cost of Medical Care published a summary report with 48 recommendations aimed to help control the spiraling costs which at that time were approaching 9% of the G.N.P.

The Commission was composed of 27 members from industry, labor, government, medicine, insurance and hospital executives as well as research groups. I was privileged to be a member of this group and after 18 months of research, debate, discussion and argument, the 48 recommendations were approved by a majority. Considering the diverse interests and background of the members, it is remarkable that there was that much unanimity of thought.

The causes of this spiral in hospital costs were not too difficult to assess. Inflation is an obvious cause. Food, supplies of all sorts, heat, lights, etc. have all gone up. Approximately two-thirds of hospital costs are labor. The minimum wage keeps rising and the need for more personnel continues. The increase in personnel just to keep abreast of regulatory mandates is amazing. The same government that insists hospital costs be kept down also issues one regulation after another and votes to increase the minimum wage. Regulations require mountains of paper work; paper work requires people and people require money. A study by the A.H.A. has indicated that only eight of the many regulations required add $20-25 to the daily hospital rate.

Medical science is advancing every day and the advent of more sophisticated equipment that provides better care for patients is expensive. It takes trained personnel to use this equipment. They must be paid.

Liability insurance rates have skyrocketed and this must be reflected in the room rate.

The increase in third party pay has led to a philosophy that has as its basic premise, ''Don't worry about the expense, my insurance will cover it''. Most people do not know what their insurance costs, since it is a deduction from their pay and many do not even know what it covers. This lack of cost consciousness had done nothing to encourage frugality by either the hospital or the patient and in many instances the doctor. It has also increased the demand, again with the added bit, demand for nothing but the best.

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The practicing physician can not do much about inflation and some of the other causes of increased cost listed above, but he can develop cost consciousness.. Our report recommended several ways for patients, insurance companies, hospitals and physicians to become more cost conscious.

Widespread first dollar coverage by third parties will certainly send the cost ballon higher. Insurance companies are urged to pay for care in less expensive settings and to continue or increase deductibles and co-insurance.

It is recommended that medical economics be taught in medical schools, and in post graduate training. Physicians are reminded that though they may receive only 20% of the health care dollar, they may generate as much as 70% by their orders. After all, it is the doctor who admits the patient to the hospital, orders the studies, and decides when to discharge the patient. He should know what various laboratory studies cost, what the operating room charge per hour is, what the daily charges in I.C.U. or C.C.U. is. Residents whould be taught that it is better medicine to do a history and physical first and then order necessary and pertinent laboratory studies rather than order several hundred dollars worth of studies on their way to see the new admission.

Patients should become more conscious in their demands. The average upper respiratory infection doesn't need an antibiotic for treatment. A visit to the doctor's office is much less expensive than a visit to the emergency room even though it may not be as convenient. Physicians have a responsibility also to keep their fees at a reasonable level. A concerted effort by everyone involved, to be cost conscious will help keep this spiral from going constantly upward. This type of cost consciousness by physicians, insurance companies, patients and hospital administrators should lead to cost containment without lowering the quality of medical care.

For those who haven't done so, I urge you to read at least the summary of the Commission report. The summary is available free from the A.M.A. and the full three volume report with task force reports, background material, collected papers, literature reviews and data bases is available in bound copies at minimal charge. The report certainly does not have all the answers, but it does contain a variety of ideas and recommendations that are worthy of serious consideration. □

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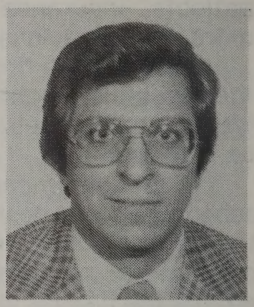

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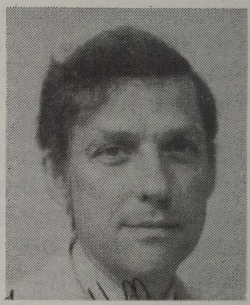

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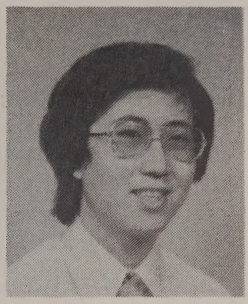

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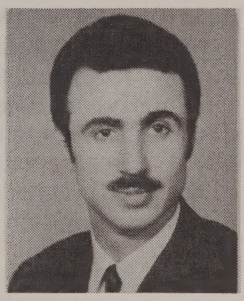

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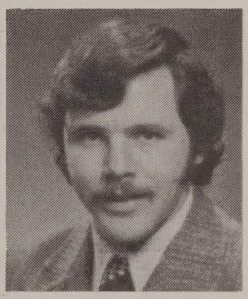

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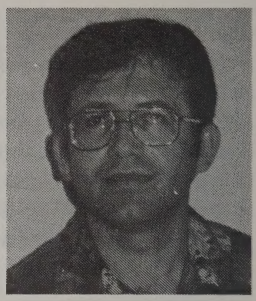

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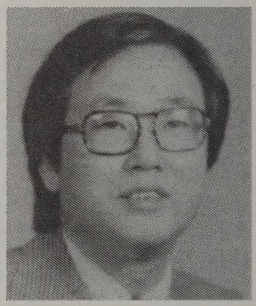

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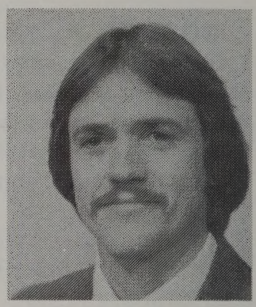

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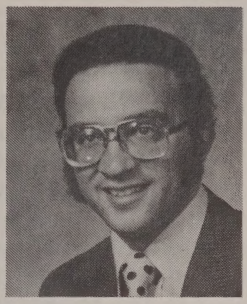

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OPTIONS FOR HEALTH CARE DOLLARS

Health care costs have chronically outpaced other components of an accelerating inflationary rate. The country has told us that such a favored position can no longer be countenanced. Despite areas of real need, growth in health care will be constrained. We still have left to us, temporarily secure from bureaucratic dominance, the option of more efficient utilization of resources for such care. If we do not exercise this option wisely and responsibly, it will be foreclosed.

In the following pages, I will address two aspects of controversial use of medical resources: screening the seemingly healthy and testing the sick.

The application of health resources to the well, either for reassurance about the absence of disease or for detection, at an early state, of unsuspected disease, is an area of intense interest. In a thoughtful essay, McKeown [1] addresses ethical and pragmatic considerations in the application of batteries of studies to the well in the name of screening and prevention. He emphasizes the distinction between screening the well and carrying out tests for evaluation of a specific patient complaint. Unlike intervention in an illness, which is requested by the patient, screening is initiated by the physician. Hence, the edict **primum non nocere** is especially important. While few would contest the wisdom of searching for early cervical cancer, most screening programs are of much less obvious benefit. How clear is it that either the individual or society benefits from widespread application of the chest x-ray, the electrocardiogram, the chemistry battery, the hemogram or, indeed, the annual physical examination? In each instance when a screening program is applied, are there not certain prerequisites that must have been satisfied?

1. The natural history of and therapeutic options for the condition to be detected should be such that early identification is unequivocally to the person's advantage.
2. The conditions to be screened for should be common enough and the proposed test sufficiently specific so that the overwhelming majority of positive results reflect the presence of the condition. (For an illustration of how poorly such considerations are grasped, even at prestigious medical centers, the study by Casscells is worth perusing! 2)
3. The test should be sufficiently sensitive, under the circumstances of its application, to be useful in screening. 3 Insensitive tests and the unwarranted reassurance provided by a negative result detract seriously from otherwise well-conceived screening programs.
4. The safe, sensitive and specific detection of a condition simply curable in its early stages should be cost-effective. As limits are increasingly imposed on the size of the pool of health care dollars, we will have to consider this factor, however much it troubles us to do so.

Tested against these criteria, much of the current screening of the well population must be considered poorly justifiable.

Taking into account such factors, Breslow and Somers have suggested an age-modulated "Lifetime Health-Monitoring Program". 4 Sensibly infrequent encounters of healthy individuals with physicians and sharply focused screening for a few common, treatable entities characterize this seemingly affordable, useful approach. Even this modest construct, however, contains screening procedures that might be considered unvalidated and, thus, may only lessen but not eliminate the possibility of the wasting of health care dollars. For example, is there value to routine screening for hyperlipoproteinemias? Are the tests in common use sensitive and specific? Can the natural history of the cardiovascular disease, whose risk is putatively assessed by the test result, be modified even if the measured parameter can be changed? Similarly, is screening for pre-clinical diabetes in the adult worthwhile? My own interpretation of the data does not provide a comfortable "yes" to any of these questions.

Nonetheless, Breslow and Somers have certainly deleted most of the unsupportable screening tests: chest and other x-rays, electrocardiogram, multiphasic chemical screens, urinalysis, thyroid tests, and pulmonary function tests. They have also effectively challenged the routine yearly visit to the doctor. If widely applied, their proposed program would offer preventive medicine broadly and at enormous savings compared to, for example, yearly "checkups" and the even more costly "executive examinations".*

Sense and moderation in screening is not the only area of potentially great economies. The ordering of diagnostic studies, too, is often carried out with alarming profligacy. How often does a particular

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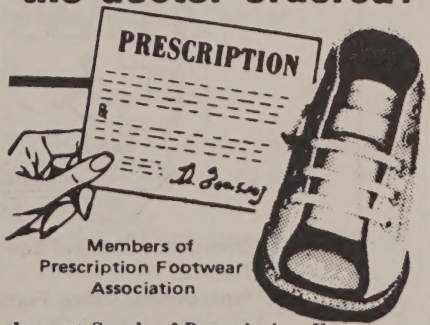

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study add useful new information to the evaluation of a patient? Even more pertinent, how many of the tests carried out on a given patient actually result in an action being taken? If this latter criterion were applied to each test we order in the office or in the hospital, would we not all be found to be testing far beyond the real needs of excellent yet cost-effective patient care?

At the recent meeting of the Association of Program Directors in Internal Medicine, 5 cost-containment was the theme, and a number of approaches to its implementation were reviewed. Two reports are particularly instructive.

At a major northeastern hospital, the use of the barium enema was surveyed. Far fewer studies than would be dictated by good medical practice were preceded by proctosigmoidoscopy, despite common knowledge that radiographic assessment of the lower intestinal tract must be supplemented by such direct visualization of the last ten inches for complete evaluation. When the procedure at that hospital was modified so that proctosigmoidoscopy became the "ticket" to a barium enema, the number of radiographic studies ordered fell strikingly. Of great importance, however, was the fact that the number of cancers and other important abnormalities found remained constant. Thus, by requiring a prior sigmoidoscopy, it was possible to reduce, strikingly, the number of barium enemas ordered by weeding out the studies with very marginal indications. What a gratifying outcome! Patients were spared unnecessary procedures; there was an important reduction in utilization of an expensive diagnostic test; and there was no reduction in the rate of identification of clinically important disease.

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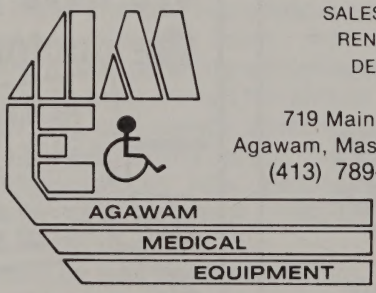

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Another study assessed the impact of the liver-spleen radionuclide scan on patient management. In well over half of the scans performed, the information obtained from the test contributed in no way to patient management. Positive studies often just confirmed disease whose presence was never in doubt in that patient; negative studies were often ignored in the face of clinical evidence suggesting disease; decision making often did not depend on information from the liver-spleen scan.

A large number of institutions are carrying our analogous studies, and results will be forthcoming shortly. Certainly we in internal medicine will be interested in data on electrocardiography, cardiac catheterization, endoscopy, specialized laboratory studies and pulmonary function studies as well as tests in the other specialty areas. In more disciplined use of screening and diagnostic tests, the potential for cost saving is large.

Oppposing pressures for maintenance of volume of income-generating activities will surely be expressed. Medicine will once again have a chance to demonstrate that, as a profession seeking "to be worthy to serve the suffering", it can justify the trust it needs. The hope has been often expressed that we will rise to such occasions. Optimists continue to be confident this hope will be realized.

In future numbers of the "Hippocrat", I hope to have the opportunity to discuss additional aspects of our late twentieth century "doctors' dilemna". □

**Of course, different economic considerations pertain to the purchase by companies of periodic executive screening programs for the purpose of identifying potentially disabling, even if untreatable conditions in key personnel. An organization clearly has a compelling reason to want to know about any factors, including medical, that might impact on an executive's job performance.*

HERBERT S. WAXMAN, M.D.
Chairman, Department of Medicine
Baystate Medical Center

BIBLIOGRAPHY

1. McKeown, T., *Unvalidated procedures have no place in screening programs* in Controversies in Internal Medicine, II, F. Ingelfinger etal., W.B. Saunders, Phila., 1974, p92-98.
2. Casscells, W., etal., *Interpretation by physicians of clinical laboratory results,* NEJM 299:999, 1978.
3. Ransohoff, D.F. & Feinstein, A.R., *Problems of spectrum and bias in evaluating the efficacy of diagnostic tests,* NEJM 299:926, 1978.
4. Breslow, L. & Somers, A.R., *The lifetime health-monitoring program,* NEJM 296:601, 1977.
5. October 21, 1978, meeting of Association of Program Directors in Internal Medicine; Session: *Cost Containment in Internal Medicine.*

A.M.A. MEETING HIGHLIGHTS

The interim meeting of the House of Delegates of the AMA was held in Chicago December 2-6, 1978. 269 delegates representing 50 states and 62 component organizations told the executive officers and the Board of Trustees how to run our national organization for the next six months. As I have said before in this publication, they did it in a surprisingly democratic way.

At one time, the House of Delegates met annually during the scientific meeting of the AMA to ratify the actions of the Trustees during the past year. As the leaders of medicine have become more and more responsive to the needs and desires of both the profession and the public, it has been necessary to make these meetings semi-annual. In the future, all meetings of the House of Delegates will be separate from the scientific and educational activities of the AMA so that the delegates can devote their full attention to the crises and problems facing the medical profession.

At "Interim-78" the House acted on 80 reports and 133 resolutions dealing with issues from the Principles of Medical Ethics to the use of seatbelts. Besides the delegates and a like number of alternate delegates, state society officers, society executives (including our own Vivian Purdy who commands a gratifying national respect), trustees, councilors,, committeemen, and interested AMA members participated. Through formal debate in reference committees and on the floor of the House, breakfast and luncheon caucusses and informal discussions in elevators, cocktail parties, and hallways, problems were presented, ideas crystallized, compromises hammered out, and solutions evolved. Once more, I am impressed by the opportunities for input and the wisdom of the collective effort of concerned physicians.

Despite the extreme variety of problems reviewed in only four days, two major themes dominated the entire meeting -- the chiropractic suits and national health insurance. Some of the forty-eight recommendations of the National Commission on the Cost of Medical Care, which was the central feature of the June '78 meeting, were again reviewed, and the cost-consciousness was still a major concern. But the chiropractors and NHI were the hot items in most of the delegates' minds.

On December 2nd, the AMA was beset not only by three suits by chiropractors demanding access to hospital diagnostic facilities and ten million dollars (or more) in damages, but also by suits from its own members and four component societies who challenged the right to the Trustees to settle one of these cases by agreement. The new coordination with the specialty societies seemed about the dissolve as many of us found ourselves paying dues to two or more separate

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societies to meet legal fees to sue each other!!! By December 6th, a mutually satisfactory position had been found, most of the internecine suits had been withdrawn (and I am sure the others will be), and the society had emerged ready to resume its traditional fight against non-scientific cults. The AMA has agreed to recognize that chiropractors unfortunately have gained legal status in all fifty states and has agreed not to conspire to evade their laws. Individual physicians are free to follow their own conscience and Section 3 of the judicial opinions will be reviewed to include modern realities. Meanwhile, the AMA will attempt to prove to the courts in Chicago that chiropractic is a non-scientific cult and a hazard to health with the full backing of all of its component societies.

National Health Insurance sparked the greatest amount of formal debate. Ten new resolutions and five previous resolutions were presented by different states and/or delegates, representing almost every shade of economic and political persuasion. The Board of Trustees had prepared a bill to be presented to the 96th Congress, as it has done in every session since 1970, incorporating seventeen principles previously affirmed by the house. After five hours of open debate and an unknown amount of closed conferences, the reference committee supported the Trustees' bill.

On December 6th, the House voted down the reference committee and substituted the resolution of the Florida delegation embodying simplicity, minimum standards, state administration, and private catastrophic coverage. The reasons for the rebuff of the AMA leadership are many, but I feel that the AMA bill was too complex, too comprehensive, too cumbersome, and too expensive. There was some sentiment that no NHI proposal should be made at this time. There was general commitment to private insurance, minimum federal involvement, and maximum choice for physician and patient. But there was also concern for the 8-10% of the population not covered by private health insurance or Medicaid. The final proposal appeared to incorporate this concern with a recognition that cost-consciousness must prevail in our national health plans as it should in our everyday medical treatment.

I left Chicago with a renewed respect for the involvement and effectiveness of our national organization, the AMA. The problems facing physicians on a national level are staggering. The efforts of the federal bureaucracy to strangulate the physician are limitless. But in union there is strength, and if we will but unite, we can prevail. John Ayres, Vivian Purdy, and myself are willing and anxious to review any of the AMA's actions with each of you and to discuss the importance of AMA membership. □

GARRY deN. HOUGH, III, M.D.
Alternate Delegate

UNITED WAY FINALE: ARE YOU A STATISTIC?

The physicians of the Pioneer Valley are to be congratulated for their generous response to the recently completed United Way Fund Drive.

Not only was the total amount pledged greater than any previous year, but, quite significantly, there was an increase of 12% in the average amount per contributor. Stated another way, the average gift this year was $119.12, as opposed to $106.77 a year ago.

The record would have been even more impressive had not the Baystate Medical Center included in its statistics a number of physicians who are hospital-based but not hospital employees. These truly belong to the private sector and will be so grouped next year.

The volunteer solicitors this year provided us with another heartwarming "statistic." According to these hearty souls, they sensed a distinctly improved attitude of cooperation and a greater awareness by physicians of the importance of the United Way. For this, too, we thank you. □

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IN MEMORIAM

IRA I. CHAMBERLIN, M.D.

Dr. Ira I. Chamberlin, formerly of Springfield, died at his home at Ormond Beach, Florida on December 14, 1978. He practiced medicine in Springfield for forty two years before his retirement in 1967.

Born in Pleasantville, Iowa he attended Oberlin College and earned his medical degree at Boston University of Medicine. Postgraduate work was accomplished at Boston City Hospital, Peter Brent Brigham, Children's Boston Lying In and in New York Hospitals. He was Chief of Otolarnygology at Springfield Hospital.

Dr. Chamberlin was a member of the American Medical Association, the Massachusetts Medical Society, Hampden District Medical Society, and Springfield Academy of Medicine, and American Academy of Otolaryngology.

He was a member of the Society for the Preservation and Encouragement of Barber Shop Singing in America.

H.D.M.S. extends sympathy to his family, associates and many friends. □

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TO: NON-MEMBERS OF THE AMA

Dear Doctor:

Today, the practice of medicine includes not only the serving of your patients with the best medical care, but also the need to join your fellow physicians in supporting all segments of organized medicine.

The federation of organized medicine is composed of three entities - your district medical society, the state medical society and the American Medical Association. Many of you have chosen to support only two of the three elements of organized medicine. We would like to urge you now to reconsider that position and to join the AMA when you receive your dues notice in December.

The AMA is our organization through which you as a member can attain ends you could not achieve alone. We submit that were there no AMA, we would have to create one. The AMA is the only organization with the proved ability to represent the entire profession at the national level.

If you agree with what the AMA is doing for the profession .... join it and work from within the structure to make your views known in a responsible and professional manner.

The Massachusetts Medical Society has requested the American Medical Association to bill AMA dues directly from their national office during 1979.

The end of the year is fast approaching. Here's hoping that the new year sees a reawakening of support from all of you for all of the elements making up organized medicine. □

Sincerely yours,

TOM E. NESBITT, M.D.
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AUXILIARY NEWS
HOLIDAY TEA

About 150 members attended the HOLIDAY TEA at Joanna Rosenthal's exquisite home and enjoyed the melodic greeting of the MacDuffie Choral. Past presidents poured. The elegant, understated atmosphere was cheery and very special. Most graciously, Joey Rosenthall welcomed the auxiliary. Joan Guardione with Audrey Rich and Kathy Mouchantat served delicacies that were a visual and gastronomic delight. We were happy to welcome many new members to this splendid event.

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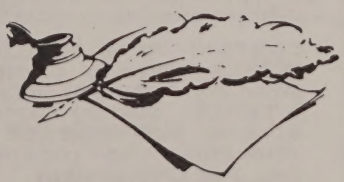

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